

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16974

State File No. _____

FILED MAY 25 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2112

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2337 MYRTLE AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 YEARS
(years, months or days)

3. (a) PRINT FULL NAME MR. WILLIAM EDWIN DAWSON

3. (b) If veteran, No name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ANNA MAUD DAWSON 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased JULY 9 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 5 If less than one day hr. _____ min. _____

9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation SIGN CONTRACTOR

11. Industry or business OWN BUSINESS

MOTHER FATHER { 12. Name ENOSH DAWSON
13. Birthplace VERMONT ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA SUMMERSVILLE
15. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. DAWSON
(b) Address 2337 MYRTLE AVENUE
17. (a) BURIAL (b) Date thereof MAY 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 5-16-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2337 MYRTLE AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 TH
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1/15/44, 19____, to 5/14, 1944
that I last saw him alive on 5/14/44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Sclerosis

Due to Coronary sclerosis - generalized

Due to Again heart disease

Other conditions 945
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature P. D. Green (M. D. or other)
Address 4800 E. 10th Date signed 5/14/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4800 East 24th Street
12.40.44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Emile W. Calhoun

Licensed Embalmer No. *3506*

P. O. Address.....

TCmo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.